

State of Alaska
Department of Transportation and Public Facilities

Attn: Finance Section PO Box 196900 Anchorage, AK 99519-6900 (907) 269-0883 phone (907) 269-0831 fax	OR	Attn: Finance Section 2301 Peger Road Fairbanks, AK 99709-5399 (907) 451-5247 phone (907) 451-2368 fax	OR	Attn: Fiscal Office-M/S 2500 3132 Channel Drive Juneau, AK 99801-7898 (907) 465-8835 phone (907) 465-1402 fax
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CERTIFIED ACTIVITY REPORT
CONCESSION SALES
(greater of)

Under Agreement ADA-_____ at the _____ Airport, my firm is authorized by the State of Alaska, Department of Transportation and Public Facilities to sell food, lodging and/or liquor. Following is a Certified Activity Report for sales for the period ending _____.

	<u>SALES</u>		<u>RATE</u>		<u>AMOUNT</u>
Hotel/Lodging	_____	X	__%	=	_____
Food	_____	X	__%	=	_____
Liquor	_____	X	__%	=	_____

A. TOTAL CONCESSION FEES DUE: _____

B. MINIMUM LAND PAYMENT: _____

AMOUNT DUE = GREATER of A or B above: _____

☐ Enclosed is my check (payable to the 'State of Alaska') covering the fees due.

☐ Charge the greater of A or B above to the following credit card (\$5,000 limit):

☐ VISA ☐ MASTERCARD Expiration Date: _____

Credit card Number: _____ CVC Code _____

Name printed on card: _____

Billing Statement Address: _____ Zip: _____

☐ Check here if you want a receipt faxed to you at fax number: _____

I certify that the figures presented above are true and correct.

Date: _____

Lessee/Permittee: _____
(Printed Name - as shown on Agreement)

**Signature: _____

By: _____

Title: _____

Phone: _____

E-mail: _____

****If a credit card is used to make payment, the person signing must be an authorized signer on the credit card.**